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ABSTRACT

This paper offers practical tips found useful in meeting the needs of children with special health problems within the classroom. It describes feeding techniques for children with gastrostomies or using nasal or oral gastric tubes. It outlines the implications of having a child with a tracheostomy in the classroom. Classroom management suggestions are provided, such as ways to prevent mix-ups of formulas and the importance of preparing emergency contingency plans. Considerations for the development of individualized education programs or individualized family services programs are outlined, such as empowering the child to assist in his or her care to the degree possible and being aware of the parents' needs. Suggestions are also offered for working with nurses in the classroom. (JDD)

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CLASSROOM ADAPTATIONS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Synopsis of presentation at CEC International Convention, Spring 1992

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INTRODUCTION

Children with special health needs are more and more frequently being served by the public schools. The purpose of this session is not to discuss the legal issues involved in the inclusion of those children, but to share some practical tips that have been found to be useful in meeting some of those health needs within the classroom.

Children with special health care needs will be in all levels of special education programs. The more educators know, the more comfortable and effective we will all become in serving children with even the most complex health needs.

NON-ORAL FEEDING

Gastrostomies - surgically inserted into an opening in the stomach

Two Types: Standard, button

Feeding Methods: Bolus - Formula is poured into a hand held syringe.

Slow drip - A bag or bottle is hung from an IV pole or any available hook. The formula drips slowly from the bag or bottle into the gastrostomy tube.

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Pump - A machine is used to regulate the amount and speed, very similar to an IV pump.

Who Administers Feed: In our county, the school nurses are responsible to oversee the feeding and cannot delegate the tube feeding to teachers or instructional assistants. The feeding must be done under the supervision of an R.N., as opposed to an L.P.N. Gastrostomy feeding is, however, a very simple procedure and can be mastered rather easily.

Practical Considerations

1. You need to take precautions that the child is not going to have a chance to pull out his gastrostomy tube during toileting or other "uncovered" time. Unless a gastrostomy site is very new and not well healed, there is no need to get excited over the accidental removal of a tube. The hole will not close up as soon as the tube is out. The nursing staff should have a doctor's order to replace the tube if needed. The button gastrostomy does require a doctor for reinsertion.

2. Most children with G tubes have physician's orders for oral stimulation, tastes of food, or even some oral feeding. Make sure that your student comes with orders from the doctor stating what kinds and how much oral stimulation or feeding he can have. Oral stimulation or tasting is most appropriately done while the student is being tube fed.

3. Determine a plan of action if a fire drill or other "emergency" situation were to occur during a tube feeding. It would usually be

more efficient to take the student out while continuing the feeding, rather than try to unhook the tube before going out.

4. Find out what position(s) the child can be in for a feed and try to make the meal as pleasant as possible. We use a coat rack to hang 3 drip bottles at a time and have a "G tube group". Other students' bottles or bags can be hung from furniture, equipment, on hooks on the walls, and their pumps might just hang on the back of their wheelchairs if their feeding occurs during a work period of the day.

5. Children with gastrostomies will probably not have too many other restrictions. Once their tube site has healed, they can participate in swimming activities. They can be positioned in prone although a piece of egg crate foam or careful alignment of the tube itself will make the position more comfortable. With one student, we found it most efficient to tape the tube against her diaper to prevent slipping.

6. When positioning the child in sidelying for a feeding, have the child lie on his right side to allow for easier filling of the stomach.

7. It would be helpful to know whether your student's gastrostomy is complete, with closure off the esophagus, or incomplete. The incomplete closure would allow the student to vomit. The student with the complete closure might need the tube opened to allow for expulsion of the stomach contents.

8. Placing each student's feeding equipment, syringes, bottles, tubing, etc., in individually labelled plastic shoe boxes is an effective method for organizing those materials. Along with the equipment include a laminated index card on which is written specific directions for the child's feeding. That information should include the times and amounts of formula and water for each feed as well as any positioning or oral stimulation/feeding recommendations.

Nasal Gastric tubes - inserted into the nose and down into the stomach.

Oral Gastric tubes - inserted orally

These types of tube feedings are almost exclusively done by nurses since the tubes are usually but not always inserted before each feeding. The nurse needs to check the tube's placement because it is important to make sure that the tube in NOT in the child's lungs which could lead to aspirating and potentially causing pneumonia. Once it has been determined that the tube is properly placed, the nurse would employ either the bolus, slow drip, or pump method of feeding.

Tracheostomies - a surgical opening into the trachea which allows air to go in and out of the lungs.

Children with tracheostomies will most likely be accompanied to school by a private duty nurse due to potentially life threatening conditions. They may require frequent suctioning and may need added humidity of the trache site. The private duty nurse would be available to provide needed trache care such as cleaning,

changing of the trache ties, and, if necessary, inserting a new trache tube. If a child is attending a school program without a private duty nurse, the school staff will need training in trache care and trache CPR.

Practical Considerations

1. Do not use spray cans or bottles anywhere in the vicinity of a student with a tracheostomy. Since the student is not breathing through his nose or mouth, he loses a great deal of natural filtration and may not be able to handle the spray.

For the same reason keep powders, glitter, sand and other grainy materials away from the student.

2. Use appropriate caution in positioning. As long as the airway remains clear and the position is not otherwise contraindicated, the student can be positioned in sitting, in a prone board, and prone over a wedge. A filter is sometimes worn over the trache site.

3. The student will likely have a bag of equipment including a suction machine, replacement trache, sterile gloves, and a resuscitation or "ambu" bag. This equipment will need to accompany the student at all times.

4. As long as there are no other complications, the student should be able to eat and drink orally.

5. The student may need added humidity so he may need to spend time on a nebulizer (a humidifier), with or without added oxygen. While on the nebulizer, the student can be in almost any position

as long as the nebulizer hose is positioned down and away from the trache so as to not add water to the trache.

6. The child may need to have time allotted for chest PT and postural drainage to relieve chest congestion. Being aware of this need, to be performed by the nurse, would permit you to fit the procedure into the daily schedule.

7. If the child is unable to block the trache and direct air over the vocal cords on his own, the speech language pathologists may need to employ an augmentative communication system. The Passy-Muir Tracheostomy Speaking valve can promote vocalizations in some patients. The appropriateness of the valve would need to be determined by the student's doctor and speech language pathologist.

8. Children with tracheostomies can take part in water therapy activities with appropriate flotation aids and one-on-one assistance. Care must be taken to insure that water does not enter the trache.

CLASSROOM MANAGEMENT

1. When developing substitute plans, be sure to include the appropriate health concerns and needs of each child. Include specifics as to who can and cannot feed, position, or perform other routine activities.

2. Prepare emergency contingency plans for the classroom and school bus. Make sure all staff know the location of equipment and establish a "stat" call for immediate response needs.

3. Learn CPR! Know how to find, set up and if necessary, how to use equipment such as the oxygen and the suction machines.

4. Make sure that the children, particularly those having seizures, are always within your line of sight.

5. Avoid wearing a lab coat as a cover-up. It might remind the children of their numerous hospital visits.

6. To prevent potential mix-ups over formulas, we use tennis wrist-bands with individual student's names printed on them to differentiate bottles. If the formulas need to be warmed, place the bottles in plastic cups marked with the student's name.

7. Make sure there are enough electrical outlets to accommodate all equipment. Using media center carts or multi outlet "power strips" can provide additional outlets and increased mobility for nebulizers or other devices.

IEP/IFSP PROGRAMMING CONSIDERATIONS

1. Empower the child! Explain all procedures and let him assist in that care to whatever degree possible. Give the child a choice of care givers when feasible.

2. Make health care a routine, integrated part of the child's program. Use incidental learning opportunities to incorporate language, self care and other areas into tube feedings, suctioning, etc. Include the school nurse as part of the ARD/IEP team to foster the student's independence in health care whenever possible.

3. Scheduling may need to revolve around health care needs such as chest PT, positioning and tracheostomy care. Be flexible and incorporate health care into the daily routine. This is analogous to the student with juvenile diabetes needing a mid-morning snack.

4. Know the children so you can be aware of reasonable expectations of each child's limitations. We came to know that one student could be expected to lift his head to clear his tracheostomy and that another student could request suctioning when the need arose.

5. Be aware of the parents' needs. Very often, parents of chronically ill children feel as if a good deal of control over their children's care has been overtaken by medical professionals. Be especially sensitive to the parents' needs to maintain a say over their children's lives.

Ask to know as much as possible about the child's care and try to provide positive feedback for the family. The parents will appreciate your interest and will feel comfortable that you are knowledgeable. Realize that there may be times when the parents will be so overwhelmed by the child's health needs, they will be unable to deal with educational issues.

The parents will sometimes be faced with divergent opinions from the myriad of medical, school and other professionals involved with their child's diverse needs. Be patient as they make decisions and be sympathetic as they work to balance their many options.

<u>WORKING WITH NURSES IN THE CLASSROOM</u>

1. Enlist the aid of the school and/or private duty nurses in the child's care.

2. Appreciate the nurses' knowledge and share your educational perspective with them. We have a great deal to learn from each other.

3. Establish your role in the classroom as the teacher. The nurses are there to provide health care - children with private duty nurses are your students and you are still responsible for their school programming.

4. Be honest and up front with private duty nurses regarding any other role they might chose to play in the classroom. This should include not talking about their patient's medical needs in front of the child, refraining from working with other children or discussing the other student's outside the school.

5. Provide a table or desk for the nurse within the classroom and be flexible in working with and around the nurse's schedule for the health care routines.

6. Be aware of the basic philosophical role that many nurses assume with their patients. Nurses often strongly advocate first and foremost for their patient's health needs. On occasion, this could conflict with the teacher's position or opinion of the child's needs. Realizing that nurses often feel very strongly about their patients can help prepare other professionals to resolve conflicts in a positive manner.

7. Make it worth the nurses' time to be in school with their patients. It can take a lot of effort for a nurse to accompany a student to school. A teacher who provides a full, active day for students will be a good role model for the nurse and will

demonstrate the value of the effort involved in getting to the school program.

RESOURCES

Children Assisted By Medical Technology in Educational Settings: Guidelines For Care. Haynie, Marilyn., Porter, Stephanie M., Palfrey, Judith. 1989

Cost: $30.00

Order from:

Project School Care
Children's Hospital
Gardiner 617
300 Longwood Ave.
Boston, Mass. 02115

NCEMCH/NMCHC
38th and R St. NW
Washington, D.C. 20057

This book is an excellent, easy to use, reference with practical information on caring for children with gastrostomies, tracheostomies, IV lines, and ostomies as well as those who require catheterization, oxygen, and who are ventilator dependent.